



**Vestal Central School District
COVID-19 Daily Screening Affidavit**

Student

I affirm that, prior to sending my student to school any day this school year, I have reviewed all health screening questions, and have answered **NO** to all.

1. Was your daily temperature check over 100°F?
2. Is a member of your household awaiting COVID-19 test results due to symptomatic conditions? *(Disregard if you are fully vaccinated.)*
3. Have you tested positive for COVID-19 within the past 10 days, or are you awaiting COVID-19 test results due to symptomatic conditions?
4. Have you experienced any symptoms, new or worsening and not related to a chronic health condition, that are consistent with symptoms of COVID-19?
5. Have you been designated a contact of a person who tested positive for COVID-19 by a local health department? *(Disregard if you are fully vaccinated.)*

I certify that my student will be self-screened daily prior to coming to school. I will not misrepresent their health in any way to the Vestal Central School District.

I understand it is required that all individuals whether vaccinated or unvaccinated, will properly wear a mask (covering your mouth and nose) inside all school buildings and buses, except for when eating or taking mask breaks. Any individual who refuses to wear a mask properly will not be admitted to the building or on the bus.

I understand that if I answer **YES** to **any** of the questions above, my student is not to report to or be on school grounds. I understand that I need to contact my student's school nurse and my student's health care provider immediately.

Student Name (Print)

Building

Parent Name (Print)

Parent Signature

Date